



Medical Assistance Administration



First Steps Childcare Program

1-888-889-7514

Billing Instructions

[WAC 388-533-1000]

October 2003



About this publication

This publication supercedes all previous First Steps Childcare Program Billing Instructions.

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Important Contacts

Where do I send the First Steps Childcare Billing Form, W-9, and Background Check Results?

DSHS - MAA
First Steps Childcare
PO Box 45730
Olympia WA 98504-5730

*All forms sent to MAA **must** be the
"Original" signed form, **NOT** a copy or fax.*

How do I obtain copies of the following DSHS Forms and Publications?

- FSCC Billing Form [DSHS 14-316]
- FSCC Background Authorization Form [DSHS 15-253]

Download them at:

<http://www.wa.gov/dshs/dshsforms/forms/eforms.html>

E-mail or Fax Request to:

FirstSteps@dshs.wa.gov

Fax: (360) 753-7315

How do I obtain a W-9 Form?

Go to:
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
or call the Internal Revenue Service
(800) 829-FORM (3676)

Where do I direct questions regarding?

First Steps Childcare Program:

Contact your agency's First Steps
Coordinator

Website:

<http://maa.dshs.wa.gov/firststeps/index.html>

E-mail: firststeps@dshs.wa.gov

Fax: (360) 586-1951

MAA's First Steps Childcare Toll Free

Line: (888) 889-7514

Information on licensed childcare agencies:

Childcare Resource and Referral Agency
(800) 446-1114

-or-

DSHS

Division of Childcare and Early Learning
(360) 902-8044

What is the fax number for First Steps Childcare Special Needs approval?

Fax: (360) 586-1951

How do I obtain copies of Billing Instructions or Numbered Memorandum?

View/Download:

<http://maa.dshs.wa.gov/Download/PublicationsFees.htm>

Definitions

This section defines terms and acronyms used throughout these billing instructions.

Background Check Central Unit (BCCU)

The centralized unit established by the Department of Social and Health Services (DSHS) that performs background checks as directed by the Washington state legislature. [WAC 388-533-1000(1)(a)]

Childcare – See First Steps Childcare.

Client – An individual who has been determined eligible to receive medical or health care services under any MAA program. [WAC 388-500-0005]

Community Services Office (CSO) - An office of the department that administers social and health services at the community level. [WAC 388-500-0005]

Department - The state Department of Social and Health Services (DSHS). [WAC 388-500-0005]

Finding – An action taken by DSHS that shows an individual or entity has been found by the department to have abused, neglected, exploited or abandoned a vulnerable person. Findings reported by DSHS or the BCCU or both are limited to official findings that have been established through legal due process or an administrative hearing process or both. [WAC 388-533-1000(1)(b)]

First Steps Agency – An entity, public or private, that is contracted with the Medical Assistance Administration (MAA) to provide First Steps program services. [WAC 388-533-1000(1)(c)]

First Steps Childcare - Childcare funded through the First Steps Program for the care of children of pregnant or postpregnancy women who are attending appointments for outpatient Medicaid-covered services. (See page 3 “*Who may provide authorized First Steps Childcare*” for further information.)

First Steps Child Care Billing Form – Form used to bill MAA for childcare services rendered by the client’s designated provider(s).

Managed Care - A prepaid comprehensive system of medical and health care delivery including preventive, primary, specialty, and ancillary health services. [WAC 388-538-050]

Maternity Support Services (MSS) – Preventative health services for pregnant/postpregnant-women including: professional observation, assessment, education, intervention, and counseling. The services are provided by an interdisciplinary team consisting of at minimum, a community health nurse, a nutritionist, and a behavioral health specialist. Optional members of the team are community health workers working under the direction of a professional member of the team and doula.

Maximum Allowable - The maximum dollar amount MAA will reimburse a provider for a specific service, supply, or piece of equipment. [WAC 388-500-0005]

First Steps Childcare Program

Medicaid – The state and federally funded Title XIX program under which medical care is provided to persons eligible for the:

- Categorically needy program (CNP); or
 - Medically needy program (MNP).
- [WAC 388-500-0005]

Medical Assistance Administration

(MAA) - The administration within DSHS authorized by the secretary to administer:

- The acute care portion of the Title XIX Medicaid;
- Title XXI State Children's Health Insurance Program (S-CHIP);
- Title XVI; and
- The state-funded medical care programs, with the exception of certain nonmedical services for persons with chronic disabilities.

[WAC 388-500-0005]

Medical Identification Card – The document MAA uses to identify a client's eligibility for a medical program. These cards were formerly known as Medical Assistance ID (MAID) cards.

[WAC 388-500-0005]

Medically Necessary - A term for describing requested service that is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent worsening of conditions in the client that endanger life, cause suffering or pain, result in an illness or infirmity, threaten to cause or aggravate a handicap, cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service.

Patient Identification Code (PIC) – An alphanumeric code that is assigned by MAA to each client. The PIC consists of:

- First and middle initials (or a dash (-) must be entered if the middle initial is not indicated).
- Six-digit birthdate, consisting of numerals only (MMDDYY).
- First five letters of the last name (and spaces if the name is fewer than five letters).
- Alpha or numeric character (tiebreaker).

Postpregnancy – The period of time after the pregnancy ends (includes live birth, still birth, miscarriage or pregnancy termination), through the end of the month that includes the 60th day from the end of the pregnancy. This is the "Maternity Cycle."

[WAC 388-533-1000(1)(g)]

Title XIX - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid.

[WAC 388-500-0005]

Title XXI – The portion of the federal Social Security Act (SSI) that authorizes grants to states for the Children's Health Insurance Program (S-CHIP).

[WAC 388-500-0005]

Washington Administrative Code (WAC)

- Codified rules of the State of Washington.

First Steps Childcare

What is the purpose of the First Steps Childcare Program?

[Refer to WAC 388-533-1000]

The purpose of the First Steps Childcare Program is to fund childcare for children so that their pregnant or postpregnant mothers can access prenatal care or other MAA-covered services. The Medical Assistance Administration (MAA) reimburses authorized First Steps Childcare providers for childcare provided to children of pregnant or postpregnant mothers when no other childcare resources are available (subject to the exceptions, restrictions, and other limitations in these billing instructions).

Who may provide authorized First Steps Childcare?

[Refer to WAC 388-533-1000(7)]

MAA pays for authorized First Steps Childcare when provided by any of the following, (subject to the limitations and restrictions listed in these billing instructions):

- A licensed childcare home, center, facility, or foster home; and
- A friend, neighbor, or relative (other than those listed on page 4), who is unlicensed and:
 - ✓ Has qualified based on a background check conducted **prior to providing the childcare** (see page 10);
 - ✓ Is 18 years of age or older;
 - ✓ Has a valid Social Security number; and
 - ✓ Is authorized to work in the United States.

The care may be provided in the client's home or in the childcare provider's home or in another location. See Section V, page 15.

<p>The Medical Assistance Administration <u>strongly</u> recommends clients use licensed childcare providers.</p>
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Who is not eligible to provide First Steps Childcare?

[Refer to WAC 388-533-1000(8)]

The following individuals are **not eligible** to provide First Steps Childcare:

- The spouse of the client;
- The partner of the client (if the client and her partner share the same residence);
- The father of the pregnant client's unborn child(ren);
- The father of the client's other child(ren);
- A parent or step-parent of the client;
- A parent or step-parent of the client's spouse;
- A parent or step-parent of the client's partner (if the client and her partner share the same residence);
- An older child(ren) of the client, client's spouse, or client's partner (if the client and her partner share the same residence).
- An unlicensed childcare provider whose background check is pending or who was disqualified due to the background check (see page 10); or
- Any person under age 18.

Client Eligibility

Who is eligible to receive First Steps Childcare?

[Refer to WAC 388-533-1000(2)]

A client is eligible to receive First Steps Childcare for her children if she meets all of the following:

- A. Meets one of the following criteria:
 - Is pregnant; or
 - Is within the postpregnancy period.
- B. Presents a current DSHS Medical ID card with **one** of the following identifiers:
 - ✓ **CNP** – (Categorically Needy Program);
 - ✓ **CNP – CHIP** (Children’s Health Insurance Program); or
 - ✓ **CNP – Emergency Medical Only.**
- C. Requires one or more of the covered services listed on page 8;
- D. Demonstrates a need for childcare; **AND**
- E. Shows that no other childcare resources are available.



Note: If the client is pregnant but her DSHS Medical ID card does not list one of the above medical program identifiers, please refer the client to her local Community Services Office (CSO) to be evaluated for a possible change in her Medical Assistance program that would enable her to receive full-scope maternity care and possibly First Steps Childcare.

Can a client enrolled in an MAA managed care plan receive First Steps Childcare? [Refer to WAC 388-533-1000(2)]

Yes! A client enrolled in an MAA managed care plan is eligible for First Steps Childcare, **provided she meets the criteria listed on the previous page.** This service does not require a referral from the client's managed care plan. Use these billing instructions and the First Steps Childcare Billing Form to bill MAA directly. **Be sure to use the appropriate billing form and mailing address as specified in this billing instruction.**

A client enrolled in a managed care plan should have a Health Maintenance Organization (HMO) identifier in the HMO column on her DSHS Medical ID card.

Authorization

Who can authorize First Steps Childcare?

[Refer to WAC 388-533-1000(3)]

MAA allows only certain persons to authorize First Steps Childcare. Those persons **must** be familiar with the First Steps Childcare Program and know how to complete the required forms.

The following persons are eligible to authorize First Steps Childcare:

- Maternity Support Service (MSS) professional/paraprofessional agency staff members¹;
- Community Services Office (CSO) social workers or designated staff members; and
- Other MAA-designated professional/paraprofessional persons.

MAA's First Steps Childcare authorizers should emphasize the importance of a healthy and safe childcare environment PRIOR to authorizing childcare. See page 9 for "When should First Steps Childcare not be authorized?"

For further information on licensed childcare agencies, call:

Childcare Resource and Referral Agency

1-800-446-1114 or

Department of Social & Health Services

Division of Childcare and Early Learning

(360) 902-8044

Licensed Childcare Information System: www.dshs.wa.gov/childcareinfo

Or view the following website for printed resources

on Choosing Safe Childcare:

<http://www.dshs.wa.gov/esa/dcccl/publications.shtml#prntresources>

¹ See WAC 388-533-0300(3) and (7) for details.

When can First Steps Childcare be authorized for children of an eligible MAA client? [Refer to WAC 388-533-1000(4)]

First Steps Childcare may be authorized for a client's child(ren) during the client's pregnancy or postpregnancy period when the client pursues any of the following covered services for herself or her newborn child(ren).

- Childbirth education classes;
- Delivery/birth (during the mother's hospitalization);
- Dental care;
- Hospital procedures;
- Laboratory tests;
- Maternity Support Service (MSS) visits, including nursing, social work, nutrition, and Community Mental Health worker visits;
- Medical visits for mother or newborn;
- Family planning services; and
- Hospitalization of mother or newborn during the two months following the birth of the infant.

When is MAA prior approval required? [Refer to WAC 388-533-1000(5)]

First Steps Childcare authorized for a client's child(ren) for the following special needs requires approval by the MAA First Steps Childcare Coordinator or designee prior to providing the childcare:

- Bedrest for the pregnant client. The authorizer must document in the client's file that the prenatal caregiver has verified that bedrest is due to one of the following reasons:
 - ✓ Preterm labor, with evidence of cervical change or very high risk clinically or historically for preterm delivery;
 - ✓ Incompetent cervix;
 - ✓ Hypertension (severe chronic or preeclampsia)
 - ✓ Bleeding (abruption, placenta previa, etc.);
 - ✓ Preterm ruptured membranes;
 - ✓ Intrauterine growth restriction
 - ✓ Oligohydramnios;
 - ✓ Multiple gestations; or
 - ✓ Other reasons if the obstetrical provider provides a complete clinical description of the client's circumstances. (If other reasons exist that the obstetrical provider believe warrant bedrest, a complete clinical description of the situation must be obtained from the provider and faxed to the First Steps Coordinator with the special request.)

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- Neonatal Intensive Care Unit (NICU) required for a newborn(s) and the parent(s) is visiting the NICU. (The authorizer must document in the client's file that hospital staff has verified the parent is visiting the child regularly.)



Note: Childcare for NICU visits is available up to two months after the baby's birth. If a family needs continuing care, other childcare programs are available. For more information, contact the First Steps Clearinghouse at firststeps@dshs.wa.gov or leave a voice mail message at (888) 889-7514.

How do I request prior approval?

[Refer to WAC 388-533-1000(6)]

Refer to page 13 – How to Complete the First Steps Childcare Billing Form.

When should First Steps Childcare **not** be authorized?

Do not authorize First Steps Childcare when:

- The unlicensed childcare provider is disqualified due to MAA's Background Check screening (see page 10); or
- In the authorizing staff's judgment, the client's childcare plan (environment or individual) is unsafe. **If an alternate and safe plan cannot be developed, do not authorize First Steps Childcare.**

Encourage a healthy and safe childcare environment.

For further information on choosing a childcare provider, contact:

Childcare Resource and Referral Agency

1-800-446-1114 or

Department of Social & Health Services

Division of Childcare and Early Learning

(360) 902-8044 or

Licensed Childcare Information System:

www.dshs.wa.gov/childcareinfo or

View the following website for printed resources
on Choosing Safe Childcare:

<http://www.dshs.wa.gov/esa/dccel/publications.shtml#prntresources>

Background Check Process

[Refer to WAC 388-533-1000(9)]

The First Steps agency staff assesses and establishes the client's need for childcare for medical appointments. The First Steps agency staff works with the client to identify a childcare provider.

Each unlicensed individual childcare provider who a client chooses to be a First Steps Childcare provider is subject to a background check under RCW 43.20A.710 and 74.15.030. First Steps Childcare will not be authorized by a First Steps childcare authorizer or paid by MAA, until MAA's background check has been completed on the unlicensed childcare provider. MAA requires a new background check for each unlicensed First Steps Childcare provider every two years from the date of the first background check.



Note: Licensed providers have already qualified through a background check as part of their licensing process.

Per WAC 388-533-1000(9)(g) and (h),

MAA keeps confidential any nonconviction background information provided by the BCCU. (Conviction history is not confidential.)

At the individual's written request, DSHS may provide disqualified individuals with background check findings about themselves.

MAA's background check process includes all of the following:

1. The unlicensed childcare provider completes and signs the First Steps Childcare Background Check form [DSHS 15-253] (see address in the Important Contacts section to order forms) and gives it to the client. **All spaces *must* be completed.** The provider must write "**none**" in any space where there is no answer. The childcare provider's signature on the Background Check form authorizes the Background Check Central Unit (BCCU) to perform the background check.
2. The client returns the form to a First Steps childcare authorizer who submits it to the DSHS Background Check Central Unit (BCCU) at the following address. **The First Steps authorizer must check the form for proper completion to avoid a returned form or delayed payment.**

DSHS Background Check Central Unit (BCCU)
PO Box 45035
Olympia, WA 98504
Fax: (360) 902-0292

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3. The BCCU performs a background check on the individual notifies the appropriate First Steps agency or CSO of the results. The First Steps authorizers notifies both the client and the childcare provider of one of the following results:
 - **"No Known Record"** (means the individual may provide First Steps Childcare). The agency notifies the client of the outcome and continues with the First Steps Childcare authorization process. The Background Check Result is filed in the client's record.
 - **"Disqualifying Record"** (means the individual may not provide First Steps Childcare) The agency must work with the client to identify another childcare provider and complete the background check process for the new provider (if unlicensed).
 - **"Record"** (means the individual has a criminal record that needs further review). For cases needing further review, the BCCU sends available information to MAA First Steps Childcare Program Manager who reviews it to make the final determination. MAA then notifies the First Steps agency or CSO in writing of the decision.

**For specific details about what is included in the
DSHS Background Check,
refer to
WAC 388-533-1000[9].**

Billing

What is the payment rate for First Steps Childcare?

MAA pays First Steps Childcare providers using the following payment chart:

Description	Per Hour, Per Child Rate	Maximum Per Day, Per Family
One child	\$3.00	\$30.00
Two or more children	\$3.00	Licensed \$75.00 Unlicensed \$50.00

Example:

# of children		# of hours	Total Payment
1 child	x	3 hours @ \$3.00	= \$9.00
1 child	x	13 hours	= \$30.00
2 children	x	3 hours	= \$18.00
2 children	x	9 hours	= \$54.00 licensed \$50.00 unlicensed
2 children	x	13 hours	= \$75.00 licensed \$50.00 unlicensed

What is the limit on billing MAA for First Steps Childcare? [Refer to WAC 388-533-1000(11) and (12)]

To be paid for providing First Steps childcare, an authorized childcare provider must submit the First Steps Childcare Billing Form [DSHS 14-316] to MAA within 90 days of the first date the childcare is provided.

MAA pays the childcare provider directly for First Steps Childcare services when the client and the client's designated First Steps Childcare provider meet all of the criteria in this billing instruction.

NOTE TO FIRST STEPS CHILDCARE AUTHORIZERS:

You must return a copy of the Background Check result to MAA when submitting the First Steps Childcare providers' initial bill.

How to Complete the First Steps Childcare Billing Form [DSHS 14-316]

Completion of these sections is **required** for the payment process to be completed.

Section I – Client Information

Section II – Agency/Staff Information

- These sections are to be filled in by the client's First Steps agency or CSO Social Worker responsible for the client's case.
- These sections are to be filled out if your client needs to access the services listed in the box below. (If unlicensed, proceed with background check process). **If the client needs childcare while in bedrest or NICU, see page 14.**
- After Sections I, II, and III have been filled out, give the original form, and a W-9 to the client and advise her when First Steps Childcare can be used. (See chart below.) You will keep the Background Check result in the client's file. The client will need a separate form, W-9, and Background Check for each childcare provider. Each form covers a maximum of 15 days.
- First Steps Childcare Provider completes Background Authorization Form (DSHS 15-253) and W-9 and returns these (via mail or the client) to the First Steps authorizer who submits it to the department's BCCU.

Section III – Special Needs Request for MAA Approval

(Completed by authorizing staff.)

- The following special needs **require approval** from MAA's First Steps program staff **prior to authorizing First Steps Childcare**:
 - ✓ **Bedrest** - The authorizer must document in the client's file that the prenatal caregiver has verified that bedrest is due to one of the following reasons:
 - Preterm labor, with evidence of cervical change or very high risk clinically or historically for preterm delivery;
 - Incompetent cervix;
 - Bleeding (abruption, placenta previa, etc.);
 - Hypertension (severe chronic or preeclampsia)
 - Preterm ruptured membranes;
 - Intrauterine growth restriction
 - Oligohydramnios; or
 - Multiple gestations.
 - If other reasons exist that the obstetrical provider believe warrant bedrest, a complete clinical description of the situation must be obtain from the provider and faxed to the First Steps Coordinator with the special request.
 - ✓ **Neonatal Intensive Care Unit (NICU)** (the authorizer must document in the client's file that hospital staff has verified the parent(s) is visiting the newborn(s) regularly).
- Complete Sections I, II, and III of the First Steps Childcare Billing Form. Incomplete forms will delay the approval/payment process.
- Fax the completed billing form to:

MAA First Steps Childcare
Fax: (360) 586-1951



MAA's First Steps Childcare Coordinator or designee will approve the special needs request by signing the form in Section III (DSHS/MAA approval signature box) and will fax the approved billing form back to the agency.

The agency authorizers must keep a copy of the form in the client's record and give a copy of the approved form to the client. (Make sure to give the client enough forms to cover the needed time.) Each billing form can hold a maximum 15 days.

Section IV – Childcare Information

(To be completed by the First Steps Childcare provider.)

- For payment to be made, MAA must receive a billing form(s) and a W-9 form (if MAA has not received it before) with an **original** (not a copied or faxed) signature, and the Background check result. Fill in one line per MAA covered service appointment. See “Example of MAA Covered Appointments” on previous page. For MAA payment rate, see Billing, page 12. Round total time to the nearest 15 minutes.

<u>Rounding to the Nearest 15 Minutes</u>			
0-15 minutes	.25	31-45 minutes	.75
16-30 minutes	.5	46-60 minutes	1.0

Section V – Childcare Provider Information

(To be completed by the First Steps Childcare provider.)

SEE BACK OF FORM FOR SPECIFIC INSTRUCTIONS.

- The provider should make a copy of the form and keep it in his/her records. In the event the original is lost in the mail, he/she will need this copy for verification of services provided.
- The childcare provider sends the completed Billing Form to the First Steps authorizer. The authorizer screens the form for completion and identification of any potential payment problems. When the information is determined to be correct, the authorizer mails the Billing Form with original signature, and original, signed W-9, along with the Background Check result to MAA. (The childcare provider may also give the form(s) to the client and have the client mail (or give) the form(s) to the First Steps authorizer who submits them to MAA for payment.) Copies of these documents should be kept in the client's file.
- An original signed W-9 (Request for Taxpayer Identification Number and Certification) must be on file with MAA for payment to be processed. This only needs to be done once for licensed and unlicensed childcare provider, unless name, Social Security Number, or Federal Tax Identification Number changes. To obtain a W-9 please call the Internal Revenue Service at 1-800-829-FORM (3676), or visit the IRS website:
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>



Note: For Medical Assistance covered appointments:

- The authorizer must complete sections I, II, and III of the billing form; and
- The childcare provider must complete sections IV and V.



Note: For Special Needs requests:

- The authorizer must complete sections I, II, and III of the billing form; and then fax to the First Steps Childcare Coordinator. The First Steps Childcare Coordinator will approve and fax the billing form back to the authorizer.
- The childcare provider must complete sections IV and V.

**Mail First Steps Childcare Billing Form
[DSHS 14-316], W9, and
Background Check Result**

to:

**DSHS-MAA-FSCC
PO BOX 45730
OLYMPIA, WA 98504-5730**

FIRST STEPS CHILDCARE BILLING

Background Check Approved ☐

W-9 Received ☐

(Please Print)

See Instructions on Back of Form

I. CLIENT INFORMATION: Completed By Authorizing Agency: All information is required

CLIENT IS <input type="checkbox"/> MCM							PIC NUMBER _____ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _			
<input type="checkbox"/> MSS	Have you reviewed that the client has a Medical ID for the current month? <input type="checkbox"/> YES									
<input type="checkbox"/> Both								Have you done an assessment for her needs? <input type="checkbox"/> YES		
DUE DATE	DELIVERY DATE	NAME OF CLIENT'S PRENATAL CARE PROVIDER								TELEPHONE NUMBER
No. of CHILDCARE PROVIDERS	If more than one person will be providing childcare, attach an explanation of how the hours or days will be divided.									No. of children ____ Hours per day ____ Days per week ____

II. AGENCY/STAFF INFORMATION: Completed By Authorizing Agency: All information is required

NAME OF CLIENT'S MATERNITY SUPPORT SERVICES (MSS), MATERNITY CASE MANAGER (MCM), OR CSO SOCIAL WORKER		TELEPHONE NUMBER		EXTENSION	
MSS/MCM AGENCY OR CSO		FAX NUMBER		E-MAIL ADDRESS	
MAILING ADDRESS		CITY		ZIP CODE	
STAFF ASSISTING WITH CARE		TELEPHONE NUMBER		EXTENSION	
		FAX NUMBER		E-MAIL ADDRESS	

III. SERVICES REQUESTED: Completed by Authorizing Agency - Not to exceed 2 months post-pregnancy.

A. <input type="checkbox"/> Med Appts <input type="checkbox"/> L/D <input type="checkbox"/> Other:	IF OTHER, PLEASE EXPLAIN:	DATE SERVICE TO BEGIN
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B. SPECIAL NEEDS: (PRIOR MAA APPROVAL REQUIRED) (Refer to FSCC Billing Instructions)

<input type="checkbox"/> BEDREST	HAVE YOU VERIFIED DOCTOR'S PRESCRIPTION FOR BEDREST? <input type="checkbox"/> YES	<input type="checkbox"/> NEONATAL INTENSIVE CARE UNIT (NICU)	NAME OF HOSPITAL
REASON FOR BEDREST		DSHS/MAA APPROVAL SIGNATURE (FSCC COORDINATOR)	DATE

IV. CHILDCARE INFORMATION: Completed by Childcare Provider (Use separate line for each date of care)

MAA will not reimburse for First Steps Childcare when client's spouse, partner, father or grandparent of the baby provides the childcare; childcare provider is under the age of 18; and W-9 "Request for Taxpayer Identification and Certification" on file with our office; or if childcare provider is non licensed and their Background Check result states "record found".

NOTE: Only Washington state licensed day care homes, centers, facilities, or foster homes will be accepted as licensed.

Rates: 1 child maximum daily limit \$30.00 2 children or more maximum daily limit - Licensed \$75.00 Non Licensed \$50.00

Date of Care (M/D/Y)	# of Children Cared For (This Client Only)	Total Hours Per Child	Total Dollar Amount	Date of Care (M/D/Y)	# of Children Cared For (This Client Only)	Total Hours Per Child	Total Dollar Amount	Date of Care (M/D/Y)	# of Children Cared For (This Client Only)	Total Hours Per Child	Total Dollar Amount
1.				6.				11.			
2.				7.				12.			
3.				8.				13.			
4.				9.				14.			
5.				10.				15.			

V. CHILDCARE PROVIDER INFORMATION: Completed by Childcare Provider (Please Print)

I AM A LICENSED PROVIDER <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> In-Child's home <input type="checkbox"/> Other Location		NAME	LAST	FIRST	MIDDLE	INITIAL
MAILING ADDRESS		STREET OR PO BOX		CITY		ZIP CODE		TELEPHONE NUMBER
EMPLOYER ID NUMBER				OR		SOCIAL SECURITY NUMBER		

CHILDCARE PROVIDER CERTIFICATION AND SIGNATURE

I certify under penalty of perjury that items and totals are proper charges for service(s) furnished to the State of Washington. All service(s) rendered have been provided without discrimination against race, creed, color, national origin, sex, or age. I also certify that child care was provided on the above date(s). I agree no additional charge will be made to the parent for these services. To ensure payment, submit form within 90 days of first date(s) of service.

CHILD CARE PROVIDER SIGNATURE	DATE
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INSTRUCTIONS FOR THE PREGNANT MOTHER AND HER CHILDCARE PROVIDER

Who Can Provide First Steps Childcare?

Licensed childcare homes, centers, facilities, or foster homes; friends, neighbors, or relatives (not grandparents) who have passed a Background Check.

Rate of Payment

Description	Per Hour, Per Child Rate	Maximum Per Day, Per Family Rate	Rounding to the Nearest 15 Minutes			
One Child	\$3.00	\$30.00	0 - 15 minutes	.25	31 - 45 minutes	.75
Two or More Children E.g., 2 children X 10 hours = \$60 Licensed - \$50 Unlicensed	\$3.00	Licensed \$75.00 Unlicensed \$50.00	16-30 minutes	.5	46 - 60 minutes	1.0

SECTION V - CHILDCARE PROVIDER INFORMATION - (To be completed by the childcare provider)

- A Background Check must be conducted and passed before First Steps Childcare is provided by unlicensed individuals. (Licensed providers have passed the check as part of the licensing process). Complete the Background Check form and return to the pregnant woman (client).
- Check in-home if childcare was done in the client's home, Check out-of-home if care was done in any other location.
- Check the "Yes" box if you are licensed as a childcare home, center, facility, or foster home. If you are not licensed with the State of Washington, check the "No" box. Print your last name, first name, and middle initial.
- Fill in your mailing address (street or post office box), city, and zip code and your area code and telephone number.
- If you are licensed, fill in your 9 digit Federal Tax Identification number.
- If you are not licensed, fill in your 9 digit Social Security Number.
- Read the "Childcare Provider Certification and Signature" section, then sign and date the form.
- Make a copy of the form and keep it in a safe place. This is for your records. In the event the original is lost in the mail, you will need this for verification of services rendered.
- A W-9 "Request For Taxpayer Identification Number and Certification" must be completed by both a licensed or unlicensed provider. Once this is on file with the Department of Social and Health Services, Medical Assistance Administration, you are not required to complete this form again unless your name, address, social security number, or Employer ID number changes. If you do not have a W-9, please call the authorizing agency in **Section II** on the front of the form.
- Return the billing form and W-9 to the pregnant woman (client). For payment inquiries, contact the pregnant woman (client) whose child you are watching.
- **Only completed forms can be processed for payment.**

FIRST STEPS CHILDCARE

PREGNANT WOMAN

- Responsible for passing paperwork needed between childcare provider and agency worker.
- Selects childcare provider.
- Gives background check form to childcare provider for completion.
- Gives completed background check form to agency worker.
- When background check approved gives billing forms and W-9 to childcare provider.
- When childcare complete, returns completed billing form(s) and W-9 to agency worker.

CHILDCARE PROVIDER

- Completes background check form (all boxes must be completed) and returns form to pregnant woman.
- If passes background check - provides childcare.
- Completes billing form(s).
- Completes W-9 form.
- Returns completed forms to pregnant woman for review and to forward for payment processing.

NOTE: First Steps childcare does not pay care beyond 2 months post pregnancy or if the childcare provider does not pass the background check.

EACH FORM MUST HAVE AN ORIGINAL SIGNATURE (NO FAXED OR COPIED SIGNATURES)

IF YOU HAVE NOT RECEIVED PAYMENT 60 DAYS AFTER YOU HAVE SUBMITTED THE PAPERWORK, PLEASE CONTACT THE WOMAN WHOSE CHILDREN YOU CARED FOR.



***Post pregnancy or Postpartum -**

The period of time after the pregnancy ends (includes live birth, still birth, miscarriage or pregnancy termination), through the end of the month that includes the 60th day from the end of the pregnancy. (WAC 388-533-1000(1)(a))

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								
			+					
or								
Employer identification number								
	+							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.





Washington State
Department of Social
& Health Services

FIRST STEPS CHILDCARE (MAA)

BACKGROUND AUTHORIZATION

Instructions for completing this form on reverse side.

Please print clearly and use **BLACK INK**.

DSHS Background Check
Central Unit
PO Box 45025
Olympia, WA 98504-5025
(360) 902-0299
FAX (360) 902-0292

SECTION 1. AGENCY INFORMATION (COMPLETED BY CONTRACTOR)

1. LOCAL AGENCY NAME AND ADDRESS	2. CONTACT PERSON ----- CLIENT
3. TELEPHONE NUMBER (INCLUDE AREA CODE) ()	4. FAX NUMBER (INCLUDE AREA CODE) ()

SECTION 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)

5. SOCIAL SECURITY NUMBER (OPTIONAL)	6. DATE OF BIRTH	7. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	8. RACE (OPTIONAL)
CURRENT NAME		OTHER NAMES YOU HAVE BEEN KNOWN BY	
9. LAST NAME	12. BIRTH NAME LAST FIRST MIDDLE		
10. FIRST NAME	13. OTHER MARRIED NAME(S) (WRITE NONE IF NONE)		
11. MIDDLE NAME (WRITE NONE IF NONE)	14. NICKNAME(S)/OTHER NAME(S) (WRITE NONE IF NONE)		

15. Have you been convicted of, or do you have charges pending for any crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give the crime, the conviction date or charge status and the state where it occurred.		

16. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.		

17. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.		

18. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? If yes, give date, court, and the state where it occurred	<input type="checkbox"/>	<input type="checkbox"/>

19. DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER	20. PRESENT NUMBER OF CONSECUTIVE YEARS LIVED IN WASHINGTON STATE YEARS: MONTHS:
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21. I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as a provider, caretaker, licensee, contractor, and/or as an individual authorized to care for vulnerable adults or children. I hereby authorize DSHS to obtain background information including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI. DSHS is hereby authorized to release the result of this and any DSHS prior background check information to the agency, facility, entity, or individual named above.

22. SIGNATURE OF PERSON TO HAVE BACKGROUND CHECK OR PARENT/GUARDIAN	23. DATE (DATE SIGNED MUST NOT BE OLDER THAN THREE MONTHS)
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INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM

This form will be returned if any portion of the required information necessary to conduct a background check is not entered or is not legible.

SECTION 1: To be completed by the contractor.

1. Required. An address label is preferred.
2. Required.
3. Required.
4. Required.

SECTION 2: To be completed by the applicant (person to be checked).

5. Optional.
6. Required.
7. Required.
8. Optional.
9. Required. Must write NONE if none.
10. Required. Must write NONE if none.
11. Required. Must write NONE if none.
12. Required. Must include complete name at birth. If same as #9 through #11, must write SAME.
13. Required. Must list all married names used (male or female); must write NONE if none.
14. Required. Must list all nicknames used (male or female); must write NONE if none.
15. Required.
16. Required.
17. Required.
18. Required.
19. Required. Must list drivers license number or state identification number; must write NONE if none.
20. Required. Indicate number of consecutive years and/or months lived in Washington State.
21. Read prior to moving to block 22.
22. Required signature of applicant or parent/guardian if applicant is under 18.
23. Required. The Background Check Central Unit must receive the background authorization form within three (3) months from the date of the signature.

For complete information on DSHS Background Check Policy, please see Title 388 at:

<http://slc.leg.wa.gov/wacbytitle.htm>

Upon completion, please submit form via mail or fax as soon as possible to:

DSHS Background Check Central Unit
PO Box 45025
Olympia, WA 98504-5025
Phone 360-902-0299
Fax 360-902-0292